

# Racial Disparities in US Healthcare

What does the evidence show?

Bery Engebretsen, MD

# Economic discrimination

- 41% of US non-elderly are people of color
- But 55% of non-elderly uninsured are POC

# Educational Discrimination

- 4% of US physicians are African American, but 13% of US population is AA
- But in 2012 only 2.6% of physician grads were AA
- And AA grads are twice as likely to practice in underserved communities of color
- Only 2.9% of Med School faculty are black

# Discrimination in Research

- AA patients are under-represented in research populations
- Of 300 articles published in the NEJM on disparities, only 12 mentioned “racism”, and 6 of those were book reviews

# Implicit Bias

- Multiple studies show that we all carry implicit bias:
- White physicians will spend less time with AA patients, do more of the talking, be less likely to let the patient present their concerns, especially psycho-social concerns
- Leaving patients less likely to feel good about thier physician

# Outcome disparities

- Negative outcomes have been shown for AA patients in the care of: HIV, cardiology, cardiovascular surgery, mental health, pain, OB and other conditions
- Often the studies search for other causes, other than racism (implicit or explicit). Such as poverty, but still the disparities exist

# Reflections on Racial Disparities in the Health Professions

Will Walker, LISW

# Health Disparities

## Taking Action on Disparities

Primary Health Care's 36 year  
experience working with community  
partners

Will Walker & Bery Engebretsen

# PHC's History

- Community Health Center (FQHC) funding from HRSA in 1981
- Health Care for the Homeless funding in 1989
  - Required to address : Medical, Mental Health /Substance Abuse, and “Entitlements”
- This led us deep into SDHs
  - And we struggled
- First HUD funding in 1999

# History Cont.

- Approached to provide services over the years by HUD, Social Security disability, the City, the Veterans Administration, among others
- Why?
  - ***“80 percent of success is showing up.”*** - Woody Allen (maybe)
  - Striving for diverse leadership and staff
  - Street credibility
    - AE water bottles to the homeless 1990s
    - Preventing homeless camp evictions with ILA
  - Professional credibility
    - Relocating 89 residents of a hotel slated for “renewal”

# Housing History

- Funding sources
- How we work
  - Do not directly provide housing, but rather access to housing
    - Knowing the rules and the landlords
  - Wrap around services to keep people housed
  - Being in the shelters and on the streets
- Number housed: > 200 a year

# Legal Aid

- History of HLP with ILA
  - Funding
- Things we've done:
  - Housing
  - Disability
  - Etc.

# Other interventions

- No wrong door: NCM, LISW, PCP at the shelter
- Corrections release and Mental Health issues
  - IPDC
    - How it works
- Clothing: closet, donations
- Nutrition: Our Pantry; DMARC Pantry; LWT; Community Garden
- Transportation: vouchers, passes, our own
- Coordinate with home care agencies and other community agencies. A MUST DO!

# ACEs

- Leads to major disparities
- Imbedded Behavioral Health Consultants and Substance Abuse Counselors in all of our sites, including the Homeless Shelter

# The Future

Things yet undone

- Poverty is the single biggest driver (but intertwined with racism and ACEs)
- Need to be more proactive on Racism/ACEs
- Education
  - Healthcare has great job opportunities
  - Work with Community Colleges, ex-offenders
- Create jobs
  - Food production
  - The sleeping bag coat

# Take home message

- Leadership has to be committed
- You want to build a healthy ***system***
- The cardinal attributes of a healthy (ecological) systems
  - Diversity
    - Listen to the community you serve
    - You have to free yourselves of control issues
      - The Homeless Helpline
  - Perseverance
    - Many of the issues are timeless and won't go away over night
  - Regeneration
    - Who will lead the next phase?